

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
WESTERN DIVISION

GARY ARTHUR DeMOTT

PLAINTIFF/PETITIONER

VERSUS

CIVIL ACTION NO. 5:05cv200DCB-JCS  
APPEAL NO. \_\_\_\_\_

CONSTANCE REESE

DEFENDANT(S)/RESPONDENT(S)

ORDER

Upon consideration of the appeal to the United States Court of Appeals for the Fifth Circuit filed by the plaintiff in the above entitled action, the court notes that the plaintiff/petitioner failed to pay the appeal fee in the amount of \$455.00 or to complete an application to proceed in forma pauperis. Accordingly, it is hereby

ORDERED:

1. That within 20 days of the entry of this order the plaintiff/petitioner shall file a completed application for leave to proceed in forma pauperis or pay the required appeal filing fee of \$455.00.
2. That the Clerk shall mail the attached in forma pauperis application to the plaintiff/petitioner at his/her last known address.

Failure to advise this court of a change of address or failure to comply with any order of this court will be deemed as a purposeful delay and contumacious act by the plaintiff/petitioner and may result in the denial of in forma pauperis status.

THIS the 5<sup>th</sup> day of October, 2006.

S/DAVID BRAMLETTE  
UNITED STATES DISTRICT JUDGE

UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION NO. \_\_\_\_\_  
APPEAL NO. \_\_\_\_\_

Defendant

**MOTION TO PROCEED IN FORMA PAUPERIS**

I, \_\_\_\_\_, declare that I am the plaintiff in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Form 4 of Federal Rules of Appellate Procedure  
Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis**

**INSTRUCTIONS**

**Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a questions is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with you name, your case's docket number, and the question number.**

**AFFIDAVIT IN SUPPORT OF MOTION**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. §1746; 18 U.S.C. §1621)

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

My issues on appeal are:

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1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source:                                                         | Average monthly<br>amount during the<br>past 12 months | Amount expected<br>next month |
|------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|
|                                                                        | You                                                    | You                           |
| Employment                                                             | \$_____                                                | \$_____                       |
| Self-employment                                                        | \$_____                                                | \$_____                       |
| Income from real property<br>such as rental income)                    | \$_____                                                | \$_____                       |
| Interest and dividends                                                 | \$_____                                                | \$_____                       |
| Gifts                                                                  | \$_____                                                | \$_____                       |
| Alimony                                                                | \$_____                                                | \$_____                       |
| Child support                                                          | \$_____                                                | \$_____                       |
| Retirement (such as social<br>security pensions, annuities, insurance) | \$_____                                                | \$_____                       |
| Disability (such as social<br>security insurance payments)             | \$_____                                                | \$_____                       |
| Unemployment payments                                                  | \$_____                                                | \$_____                       |
| Public-assistance (such as welfare)                                    | \$_____                                                | \$_____                       |
| Other (specify): _____                                                 | \$_____                                                | \$_____                       |
| Total monthly income:                                                  | \$_____                                                | \$_____                       |

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| EMPLOYER | ADDRESS | DATES OF<br>EMPLOYMENT | GROSS<br>MONTHLY PAY |
|----------|---------|------------------------|----------------------|
|          |         |                        |                      |
|          |         |                        |                      |
|          |         |                        |                      |

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| EMPLOYER | ADDRESS | DATES OF<br>EMPLOYMENT | GROSS<br>MONTHLY PAY |
|----------|---------|------------------------|----------------------|
|          |         |                        |                      |
|          |         |                        |                      |
|          |         |                        |                      |

4. How much cash do you and your spouse have? \$\_\_\_\_\_
- Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| FINANCIAL INSTITUTION | TYPE OF ACCOUNT | AMOUNT YOU HAVE | AMOUNT YOUR SPOUSE HAS |
|-----------------------|-----------------|-----------------|------------------------|
|                       |                 |                 |                        |
|                       |                 |                 |                        |
|                       |                 |                 |                        |

**If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.**

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| HOME (VALUE) | OTHER REAL ESTATE (VALUE) | OTHER ASSETS (VALUE) |
|--------------|---------------------------|----------------------|
|              |                           |                      |
|              |                           |                      |
|              |                           |                      |

MOTOR VEHICLE # 1      VALUE: \_\_\_\_\_ MAKE & YEAR: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
REGISTRATION #: \_\_\_\_\_

MOTOR VEHICLE # 2                  VALUE: \_\_\_\_\_ MAKE & YEAR: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
REGISTRATION #: \_\_\_\_\_

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| PERSON OWING YOU OR<br>YOUR SPOUSE MONEY | AMOUNT OWED<br>TO YOU | AMOUNT OWED<br>TO YOUR SPOUSE |
|------------------------------------------|-----------------------|-------------------------------|
|                                          |                       |                               |
|                                          |                       |                               |
|                                          |                       |                               |

7. State the persons who rely on you or your spouse for support.

| NAME | RELATIONSHIP | AGE |
|------|--------------|-----|
|      |              |     |
|      |              |     |
|      |              |     |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

|                                                                                          | You     | Your Spouse |
|------------------------------------------------------------------------------------------|---------|-------------|
| Rent or home-mortgage payment<br>(include lot rented for mobile<br>home)                 | \$_____ | \$_____     |
| Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
| Utilities (electricity, heating fuel,<br>water, sewer, and Telephone)                    | \$_____ | \$_____     |
| Home maintenance (repairs and upkeep)                                                    | \$_____ | \$_____     |
| Food                                                                                     | \$_____ | \$_____     |
| Clothing                                                                                 | \$_____ | \$_____     |
| Laundry and dry-cleaning                                                                 | \$_____ | \$_____     |
| Medical and dental expenses                                                              | \$_____ | \$_____     |
| Transportation (not including motor<br>vehicle payments)                                 | \$_____ | \$_____     |
| Recreation, entertainment,<br>newspapers, magazines, etc.                                | \$_____ | \$_____     |
| Insurance (not deducted from wages or<br>included in Mortgage payments)                  | \$_____ | \$_____     |
| Homeowner's or renter's                                                                  | \$_____ | \$_____     |

|                                                                                                   |         |         |
|---------------------------------------------------------------------------------------------------|---------|---------|
| Life                                                                                              | \$_____ | \$_____ |
| Health                                                                                            | \$_____ | \$_____ |
| Motor Vehicle                                                                                     | \$_____ | \$_____ |
| Other: _____                                                                                      | \$_____ | \$_____ |
| Taxes (not deducted from wages or<br>included in Mortgage payments)<br>(specify): _____           | \$_____ | \$_____ |
| Installment payments                                                                              | \$_____ | \$_____ |
| Motor Vehicle                                                                                     | \$_____ | \$_____ |
| Credit card (name): _____                                                                         | \$_____ | \$_____ |
| Department store (name): _____                                                                    | \$_____ | \$_____ |
| Other: _____                                                                                      | \$_____ | \$_____ |
| Alimony, maintenance, and support<br>paid to others                                               | \$_____ | \$_____ |
| Regular expenses for operation of<br>business, profession, or farm<br>(attach detailed statement) | \$_____ | \$_____ |
| Other (specify): _____                                                                            | \$_____ | \$_____ |
| Total monthly expenses:                                                                           | \$_____ | \$_____ |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☐ No If yes, describe on an attached sheet.

10. Have you paid--or will you be paying--an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☐ No

If yes, how much? \$\_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

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11. Have you paid--or will you be paying--anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No

If yes, how much? \$\_\_\_\_\_

If yes, state the person's name, address, and telephone number:

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12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

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Your daytime phone number: \_\_\_\_

Your age: \_\_\_\_ Your years of schooling: \_\_\_\_

Signed under penalty of perjury: \_\_\_\_\_

Date: \_\_\_\_\_

-----MUST BE COMPLETED BY PLAINTIFF-----  
Authorization for Release of Institutional Account Information and  
Payment of the Appeal Filing Fee

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Plaintiff) (Prisoner Number)  
authorize the Clerk of Court to obtain, from the agency having custody of my person, information about my institutional account, including balances, deposits and withdrawals. The Clerk of Court may obtain my account information from the past six months and in the future, until the appeal filing fee is paid. I also authorize the agency having custody of my person to withdraw funds from my account and forward payments to the Clerk of Court, in accord with 28 U.S.C. Section 1915.

\_\_\_\_\_  
(Signature of Plaintiff)

\_\_\_\_\_  
(Date)

IT IS PLAINTIFF'S RESPONSIBILITY TO HAVE THE APPROPRIATE PRISON  
OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

CERTIFICATE TO BE COMPLETED BY AUTHORIZED OFFICER  
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$\_\_\_\_\_ on account to his credit at the \_\_\_\_\_ institution where he is confined. I further certify that the applicant likewise has the following securities to his credit according to the records of said institution:

I further certify that during the last six (6) months the  
plaintiff's average monthly **balance** was \$\_\_\_\_\_.

I further certify that during the last six (6) months the  
plaintiff's average monthly **deposit** was \$\_\_\_\_\_.

\_\_\_\_\_  
TELEPHONE NUMBER  
OF OFFICER FOR VERIFICATION

\_\_\_\_\_  
AUTHORIZED OFFICER OF INSTITUTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED OFFICER

RETURN COMPLETED FORM TO:  
U. S. DISTRICT CLERK  
P. O. BOX 23552  
JACKSON, MS 39225-3552